

Organizational Provider Operations Handbook CMHS Version

January 2006

INTRODUCTION

Children's Mental Health Services (CMHS) programs serve a broad and diverse population of children, adolescents, transitional youth and families throughout San Diego County. An array of services are provided through Organizational Providers, Fee For Service Providers, and Juvenile Forensic Providers. CMHS San Diego is a "System of Care" County. The System of Care is based on Child and Adolescent Service System Program (CASSP) System of Care principles and the Wraparound Initiative of the State of California (All County Information Notice 1/28/99, April 17, 1999; and SB163, Wraparound Pilot Project). System of Care Principles (May 2005) shall be demonstrated by ongoing client/parent participation and influence in the development of the program's policy, program design, and practice and evidenced by:

- Individualized services that are responsive to the diverse populations served
- Cultural competence and sensitivity
- Client-focused, family-centered services
- Outcome driven services
- Collaboration of families/youth, public agencies, private organizations and education
- Community-based approach that provides maximum linkage and integration to the local community resources
- Multi-disciplinary and strength-based approach

Provider shall plan and deliver services in a manner consistent with the Children's Mental Health System of Care philosophy and principles. Services shall be community-based and emphasize the strengths of the client and family.

Provider shall demonstrate family partnership in the development and provision of service delivery. Such efforts shall be reflected in the client's chart. Provider shall also demonstrate organizational advancement of family partnership in the areas of program design, development, policies and procedures, etc. Such efforts shall be reported on the Monthly Status Reports.

Goals

Programs shall provide developmentally appropriate clinical services described herein to accomplish the following goals:

- Maintain client safely in their school and home environment
- Reduce recidivism related to criminal habits and activities
- Increase school attendance and performance resulting in a higher rate of successful completion of their educational program (with high school diploma or equivalent)
- Improve client's mental health functioning at home, school, and in the community

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- An increase in the individuality and flexibility of services to help achieve the client and family's goals as measured by the completion of the Individual Client Plan
- An increase in the level and effectiveness of interagency coordination of services
- An increase in the empowerment of families to assume a high level of decision-making in all aspects of planning, delivering, and evaluation of services and supports

Outcome Objectives

All providers shall achieve the following outcome objectives:

- For 80% of discharged clients whose episode lasted 6 months or longer, Child and Adolescent Measurement System (CAMS) total score at discharge shall show clinically significant improvement compared to the client's intake score.
- For 80% of discharged clients whose episode lasted 6 months or longer, the Client Functioning Quadrant that contains at least one of the targeted treatment goals shall be at least one level higher (improvement) at discharge than at admission.
- For 80% of those clients who remain in the program for 6 months or longer, the discharge summary shall reflect no increased impairment resulting from substance use, as measured by the Client Functioning Quadrants rating for substance use.
- Scores on the Family Centered Behavior Scale shall average 80% or higher across questions/test items.

Outpatient providers shall achieve the following outcome objectives:

- 90% of clients will avoid hospitalization or re-hospitalization during the outpatient episode as measured by client and family report.
- Outpatient programs shall maintain an average waiting time of less than 5 days for the client's initial appointment.
- Outpatient programs shall meet or exceed the minimum productivity standard for annual billable time by providing at least 59,400 minutes per year (55% productivity level) for clinic based programs per Full-Time Equivalent (FTE) and at least 54,000 minutes per year (50% productivity level) for school and community based programs per FTE, unless otherwise specified in the program's Statement of Work.
- Clinical staff shall carry a minimum client load of 30 unduplicated clients per FTE per year for clinic based outpatient programs and 40 unduplicated clients per FTE per year for school and community based outpatient programs, unless otherwise specified in the program's Statement of Work.

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Process Objectives

All providers shall achieve the following process objectives:

- 100% of all clients, ages 10 and older, shall be assessed for substance use prior to admission as evidenced by documentation in the medical record.
- 100% of all clients, ages 16 and older, shall be assessed for transitional service needs as evidenced by documentation in the medical record.
- 100% of all clients shall be assessed for domestic violence issues as evidenced by documentation in the medical record.
- 100% of all clients shall be assessed to determine the need for referral to a primary care physician.
- Client satisfaction. Provider shall ensure completion of the following surveys, in accordance with the CMHS Organizational Provider Handbook.
- Completion rate on Youth Services Survey (YSS) and Youth Services Survey-Family (YSS-F) shall meet or exceed the 80% standard established by the County of San Diego Children's Mental Health.
- Aggregated scores on the Youth Service Survey (YSS) and the Youth Services Survey Family (YSS-F) shall show an average of 80% or more of respondents responding in the two most favorable categories (e.g., 25% Agree plus 55% Strongly Agree) for at least 75% of the individual survey items.

All outpatient providers shall achieve the following process objective:

- Outpatient programs shall achieve a family participation rate of at least 55%.